

ATTACHMENT

A

SF 95 (Face)

TRT-NYU-2003-02410

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008		
1. Submit To Appropriate Federal Agency: Northeast Region Regional Office U.S. Customs House, 7th Floor 2nd & Chesnut Streets Philadelphia, PA 19108				2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and ZIP Code) Michael W. Hill, (#40428-133) FCI McKean, P.O. Box 8000 Bradford, PA 16701			
3. TYPE OF EMPLOYMENT <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 04-30-1957		5. MARITAL STATUS Single		6. DATE AND DAY OF ACCIDENT November 27, 2002	
7. TIME (A.M. OR P.M.) Approx. 2:00pm							
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) (SEE ATTACHMENT)							
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and ZIP Code) N/A - NONE BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on the reverse side.) N/A - NONE							
10. PERSONAL INJURY/WRONGFUL DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. (SEE ATTACHMENT)							
11. WITNESSES							
NAME		ADDRESS (Number, street, city, State, and ZIP Code)					
Not any other than staff dental assistant		N/A - NONE					
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)							
12a. PROPERTY DAMAGE N/A - NONE		12b. PERSONAL INJURY \$10,000.00		12c. WRONGFUL DEATH N/A - NONE		12d. TOTAL (Failure to specify may cause forfeiture of your rights.) \$10,000.00	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM							
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) Michael W. Hill				13b. Phone Number of signatory Incarcerated		14. DATE OF CLAIM 04-03-03	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)			

95-109

Previous editions not usable.

NSN 7540-00-634-4046

STANDARD FORM 95 (Rev. 7-85)
 PRESCRIBED BY DEPT. OF JUSTICE
 28 CFR 14.2

(This form may be replicated via UP)

ANSWER to item # 8

CLAIM FOR DAMAGE, INJURY,
OR DEATH

(ATTACHMENT)

ANSWER to
item # 8SUBMIT TO:

Northeast Region Regional Office
U.S. Custom House, 7th Floor
2nd & Chesnut Streets
Philadelphia, PA 19108

NAME/ADDRESS:

Michael W. Hill
Reg. No. 40428-133
FCI McKean, P.O. Box 8000
Bradford, PA 16701

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof):

In or around July 2002 while at F.C.I. McKean I informed various medical staff and the Warden that a temporary tooth filling placed in my tooth was eroding badly and was nearly out of the tooth. I was told to wait until my name came up on the dental appointment list despite the pain and difficulty I would suffer once this filling would come completely out. I wrote a BP-9 and was further told to wait. (See Attached BP-9 and Warden's response, Attachment #A). In or around early November 2002, the temporary filling came out on its own and I began to suffer pain and difficulty eating and drinking. I was taken to the dental department from the special housing unit where the chief dental officer, Dr. Collins, examined the problemed tooth. He took note of the fact that the filling had been placed in the tooth nearly two years ago while I was at U.S.P. Lompoc. Dr. Collins then took an X-Ray showed me this X-Ray and informed me that the roots were fine and that the tooth appeared savable. He then went on to inform me that the only thing that he could do right then to relieve the problem was to either pull the tooth or have me wait until my name came up on the dental list for routine care, he informed me that as of that day, "November 27, 2002," my name was number 44 on the list. I explained to Dr. Collins that I would really like to keep my tooth and I'd really like it if he could permanently fill it, and, or temporarily fill it again. Dr. Collins then stated, no I cannot fill your tooth at this time, you'll have to wait for such treatment, but I'll give you something for the pain until then. At that point knowing that I was number 44 on the dental list which meant it would be approximately two months or better before I could stop the discomfort, I decided to allow the tooth to be pulled. However, because Dr. Collins limited my options and placed me in a situation where I had to choose between waiting in pain to save the tooth or lose it to avoid pain. His failure to treat the tooth earlier contributed greatly to the present pain and suffering, was unfair and an out right denial of preventative and professional tooth saving treatment. After filing an administrative remedy Dr. Collins would respond by stating the tooth was not salvagable, the tooth had pulpitis secondary to deep cavities. This is a lie and a look at the X-Ray will show it to be a lie, again this is unprofessional. (See X-Ray taken 11-27-03). Dr. Collins failed to provide tooth saving treatment. See attached EXHIBITS.

(ANSWER TO ITEM #10)

CLAIM FOR DAMAGE, INJURY,
OR DEATH

(ATTACHMENT)

item # 10

SUBMIT TO:

Northeast Region Regional Office
U.S. Customs House, 7th Floor
2nd & Chesnut Streets
Philadelphia, PA 19108

NAME/ADDRESS:

Michael W. Hill
Reg. No. 40428-133
FCI McKean, P.O. Box 8000
Bradford, PA 16701

10. PERSONAL INJURY/WRONGFUL DEATH (State nature and extent of each injury or cause of death, which forms the basis of the claim. If other than claimant, state name or injured person or decedent.

Failure to treat the tooth as was requested in the July 3rd, 2002, request for administrative remedy caused undue erosion of the filling, physical pain, mental anguish, inability to eat and drink normally, difficulty getting to sleep, difficulty in staying asleep, and other injuries and damages not fully known at this time. The unnecessary pulling of my tooth on November 27, 2002, caused disfigurement, physical pain, mental anguish, humiliation, lost of tooth, inability to eat normally, inability to brush teeth normally, inability to drink normally, and other injuries and damages which at this time are not fully known.

UNITED STATES GOVERNMENT

Memorandum

Northeast Regional Office, Philadelphia, PA
FEDERAL BUREAU OF PRISONS

DATE: August 8, 2003

REPLY TO

ATTN OF: Henry J. Sadowski, Regional Counsel

SUBJECT: Your Administrative Tort Claim, No. TRT-NER-2003-02410

TO: Michael W. Hill, Reg. No. 40428-133
FCI McKean

Your Administrative Tort Claim No. TRT-NER-2003-02410, properly received in this office on April 9, 2003, has been considered for settlement as provided by the Federal Tort Claims Act (FTCA), 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30. You seek compensatory damages in the amount of \$10,000.00 for an alleged personal injury. Specifically, you claim the treatment of your tooth was delayed and resulted in the tooth's extraction.

After careful review of this claim, I have decided not to offer a settlement. Thorough investigation of your claim reveals you submitted a request to staff on April 8, 2002, regarding your dental concerns. You were advised you were on the waiting list for routine dental care, however, if you were experiencing pain, you should come to dental sick call. You waited several months before making a dental sick call on November 27, 2002. You were seen by the Chief Dental Officer on that date and he determined your tooth was full of decay and unsalvageable. You were fully informed of possible complications and given the opportunity to ask questions about the extraction procedure. You then signed a document acknowledging you were informed about the procedure's risks and consented to the extraction procedure. The medical record indicates you have received appropriate treatment for the complaint you presented regarding the pain in your tooth. You fail to show you have experienced a personal injury as the result of negligence on the part of any Bureau of Prisons' employee.

Accordingly, your claim is denied. If you are dissatisfied with this decision, you may seek reconsideration from this office or bring an action against the United States in an appropriate United States District Court within six (6) months of the date of this memorandum.

cc: John J. LaManna, Warden, FCI McKean

ACKNOWLEDGMENT OF RECEIPT

DENIAL OF TORT CLAIM

I, Michael W. Hill, Reg. No. 40428-133, hereby acknowledge receipt this 24th day of August, 2003, of the August 8, 2003, memorandum from Henry J. Sadowski, Regional Counsel, Northeast Region, Federal Bureau of Prisons, informing me of the denial of my tort claim (TRT-NER-2003-02410).

Michael W. Hill
Signature

Witnessed this 24th day of August, 2003.

[Signature]
Staff Witness

FAX MEMO
PAGES 1 DATE 8/25/03 FAX # _____
TO NERO LELA
FROM McKEAN
CO. _____
PH# _____ FAX# _____